2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90097 016 ***150.00

| DOCUMENT | * # P05000008925 |
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1. Entity Name

| PHOTOG | RAPHY OF THE ARTS, IN | C. | S | | | | | | |
|--|--|------------------|--------------------------------------|--------------------------|---------------------------|------------------------|---------------|------------------------------|-----------|
| Principal Place of Business 2531 NE 8TH STREET FT. LAUDERDALE, FL 33304 Mailing Address 2531 NE 8TH STREET FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 | | 3304 | | | 3661 | II ABIJI PRIDI (BIJA | iris (irri s) | R ed i & 1 .11 | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 03082007 | Chg-P | CR2E034 | (12/06) | | |
| City & State | | City & State | | 4. FEI Number 20-2182165 | | | | plied For t Applicab | |
| Zip | Country | Zip | ip Country | | 5. Certificate | of Status Desired | | 3.75 Add e Require | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered Ag | ent | |
| STOLL, AMY E | | | | Name Jennifer Stephens | | | | | |
| 601 BAYSHORE BLVD. STE. 700 | | | | | | er is Not Acceptable | 9) | | |
| TAMPA, FL 33606 | | | _ | 2531 N.E. 8th STREET | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registere | | | | | auderd. | | FL | ²¹⁹ 33 | 304 |
| the obligat | ions of registered agent. Signatule, typed of printed name of registered agent. | Levon) | | Agent signature require | | in, write state of ric | DATE | 7 | and accep |
| FIŁ After Ma | E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | | | · +- | .00 May Be led to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND D | RECTORS | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. STEPHENS, JENNIFER 2531 NE 8TH STREET FT. LAUDERDALE, FL 33304 | ☐ Delde | TITLE NAME STREET CITY-ST | ADDRESS : | | | C |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET | ADDRESS T-ZIP | | | Ī |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-ST | ADDRESS 1-ZIP | | | C |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET A | ADDRESS 1-ZIP | | | C |] Change | ☐ Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET | Address 1- zip | | | |] Change | Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET / CITY-ST | ADDRESS (- ZIP | | | C |] Change | Addition |

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the certific true and accurate and that my name appears in Block 10 or Block 11 in the certific true and accurate and that my name appears in Block 10 or Block 11 in the certific true and accurate and that my name appears in Block 10 or Block 11 in the certific true and accurate and that my name appears in Block 10 or Block 11 in the certific true and accurate and that my name appears in Block 10 or Block 11 in the certific true and accurate and the certific true and accurate